

868

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH:  
County Cochise

Township \_\_\_\_\_

City Paradise

State, ARIZONA

or Village \_\_\_\_\_

Registered No. \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

(If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_\_ St., \_\_\_\_\_ Ward.

2. FULL NAME SARAH C. WILSON

Residence: No. \_\_\_\_\_

(Usual place of abode)

St., \_\_\_\_\_

Ward, \_\_\_\_\_

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)  
WIDOW

5a. If married, widowed, or divorced Husband of (or) Wife of \_\_\_\_\_

6. Date of Birth (month, day, and year)

7. Age

Years

Months

Days

If Less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation \_\_\_\_\_

12. Birthplace (city or town and State or country):

13. Name:

14. Birthplace (city or town and State or country):

15. Maiden Name:

16. Birthplace (city or town and State or country):

17. Informant (name and address):

18. Burial, Cremation, or removal:

Place Graham

Date \_\_\_\_\_

193

19. Undertaker (name and address):

Ferguson

20. Filed \_\_\_\_\_

193

County Recorder

Registrar

FORM 5 CM 9-1-33 MS 48840

## MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) May 15, 1906 193

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 193, to \_\_\_\_\_, 193

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 193; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
a Grippe Paralysis

Date of onset 60 yrs

Other contributory causes of importance:

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 193

Where did injury occur? \_\_\_\_\_ (Specify city or town, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) L. B. Richardson

(Address) \_\_\_\_\_